


2054 SUICIDE PREVENTION	
Chapter: Sununu Youth Services Center	Section: Safety and Security
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: January 1, 2010 Scheduled Review Date: _____ William W. Fenniman, DJJS Director
Related Statute(s): RSA 621 and RSA 621-A Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): _____ Bridges' Screen(s) and Attachment(s): _____

DJJS understands the need to be proactive regarding suicide prevention and intervention. In order to promote safe and orderly operations the SYSC staff will use a combination of supervision, inspection, accountability, and clearly defined policies and procedures.

Purpose

The purpose of this policy is to establish the SYSC suicide prevention and intervention procedure.

Policy

The following measures comprise the eight-step suicide prevention program: staff training, identification/referral/assessment, communication, housing, levels of observation (Suicide Precaution Watches), intervention, reporting, follow-up/mortality review.

- I. Suicide Prevention and Intervention Training: All staff with responsibility for juvenile supervision will be trained in the implementation of suicide prevention and intervention at the Academy and at annual in-service training. The initial training should include the following topics:
 - A. Suicide research.
 - B. Why correctional facilities are conducive to suicidal behavior.
 - C. Staff attitudes about suicide.
 - D. Potential predisposing factors to suicide.
 - E. High-risk suicide periods.
 - F. Warning signs and symptoms.
 - G. Identifying suicidal residents despite their denial of risk.
 - H. Components of this policy.
 - I. Critical incident stress debriefing.
 - J. Liability issues associated with resident suicide.

- II. Identification/Referral/Assessment: All residents (except for identified exceptions) shall be administered the mental health and suicide screening questions contained in the Nursing Health History and Assessment (NHHA) at intake by the nursing staff. The mental health and suicide screening questions contained in the NHHA shall be approved by the SYSC Psychiatrist and will demonstrate sufficient validity and reliability.
- A. The NHHA shall include inquiry regarding the following:
 - 1. Past suicidal ideation and/or attempts.
 - 2. Current ideation, threat and/or plan.
 - 3. Prior mental health treatment/hospitalization.
 - 4. Recent significant loss (i.e., relationship, family member death, etc.).
 - 5. History of suicidal behavior by family member and/or close friend.
 - 6. Suicide risk during prior confinement.
 - 7. Arresting and/or transporting officer's belief that the detainee is currently at risk.
 - B. The intake staff member shall question the arresting and/or transporting officer regarding their assessment of the resident's medical, mental health or suicide risk. The intake officer shall use the Arresting/Transporting Officer Questionnaire.
 - C. The intake nurse shall make all appropriate observations, and ask all questions, as contained on the NHHA. All information received shall be entered in the appropriate spaces of the NHHA.
 - D. Although a resident's verbal responses during the intake screening process are critical important to assessing the risk of suicide, staff should not exclusively rely on a resident's denial that they are suicidal and/or have a history of mental illness and suicidal behavior, particularly when their behavior and/or actions or even previous confinement suggest otherwise.
 - E. The assessment of suicide risk by medical and/or clinical staff shall include, but not be limited to the following:
 - 1. Description of the antecedent events and precipitating factors.
 - 2. Suicidal indicators.
 - 3. Mental health questions.
 - 4. Previous psychiatric and suicide risk history.
 - 5. Level of lethality.
 - 6. Current medication and diagnosis.
 - 7. Recommendations and/or treatment plan.

- F. All new admissions shall be placed on a Close Watch "B" including residents who have moved from a Detention Unit to a Committed Unit. The Admission Watch will involve the same level of security and safety as a Close Watch "B" for at least the first 24 hours. If deemed necessary, the newly admitted resident may be placed on a higher level of watch.
- G. All Close Watch "Bs" shall be re-evaluated no longer than 24 hours by a clinician and/or nurse.
- H. An NHHA shall be performed on all residents prior to assignment to a housing unit, except under the following circumstances:
 - 1. Resident refuses to comply with process.
 - 2. Resident is severely intoxicated or otherwise incapacitated.
 - 3. Resident is violent or otherwise belligerent.
- I. If an NHHA is not performed due to the abovementioned reasons then the nurse shall still complete all non-questionnaire sections of the NHHA and make a notation on the NHHA regarding why the resident was unable to answer the questionnaire section.
- J. Any resident placed in a housing unit without having been administered a completed NHHA shall be placed on a Constant Watch ("A") until such time as the NHHA is completed.

III. Communication:

- A. All staff shall use various communication skills with the resident expressing suicidal thoughts, including the following:
 - 1. Active listening.
 - 2. Staying with the resident if they suspect immediate danger.
 - 3. Maintaining contact through conversation, eye contact, and body language.
- B. All incidents of suicidal behavior shall be documented in an Incident Report.
- C. Supervisors shall keep a separate daily roster of all residents on Suicide Precaution. The roster shall be distributed to appropriate residential, school, medical, and clinical personnel.
- D. Supervisors shall review the status of each resident placed on a Suicide Precautions at shift Roll Calls. Further, all staff are responsible to review the SecureLog to ensure they are current regarding Suicide Precautions.

IV. Levels of Observation: "Suicide Precautions" is defined as an observational status place on residents expressing suicidal thoughts requiring increased surveillance and management by staff. Suicide Precaution.

- A. Constant Watch ("A") – Constant Watch ("A") represents the highest level of supervision for those residents who are actively suicidal, either threatening or engaging in self-injurious behavior. Staff shall observe such a resident on a continuous, uninterrupted basis and have

a clear non-obstructed view of the resident at all times. Constant Watch ("A") will require the following:

1. One-to-one Staff Supervision
 2. The resident must be visible to staff and within 5 feet of staff at all times, including when sleeping, using the bathroom or shower, or changing clothes.
 3. A barrier (i.e. door, wall, piece of furniture) shall never separate the resident from the staff.
 4. The resident's room door shall remain open when the resident is in his/her room.
 5. While sleeping, the resident shall be permitted to have covers but shall not be allowed to pull the blankets/sheets over his/her head.
 6. The resident shall be permitted to wear regular under and outer clothing.
 7. Potentially dangerous items shall be removed from the resident's room.
 8. The resident shall have a frame, mattress, sheets, blankets, and a pillow.
 9. The resident may have hazard-free reading materials.
 10. The resident may use school and recreational materials with close supervision, but never sharp objects such as scissors, knitting needles, pencils, pens or knives.
 11. The resident shall be provided a level of safe daily exercise within the confines of SYSC as deemed appropriate and safe by residential, clinical, and medical staff.
 12. The resident shall not attend school.
 13. Staff will not engage in any activities that may distract his/her attention from the resident. Prohibited activities include, but are not limited to, reading, knitting, and interactions with other residents or staff.
 14. The primary purpose of the Constant Watch ("A") is the safety and security of the resident on the Watch. Interaction shall be courteous and compassionate, but kept to a minimum. However, clinical circumstances may dictate more communication to help reduce risk in severely depressed residents.
 15. Document the Constant Watch ("A") every 15 minutes on the Watch Log.
 16. Any other conditions approved by the appropriate authority.
- B. Close Watch ("B") – Close Watch ("B") is the next highest level of supervision for those residents who pose a significant risk for self-harm or harm to others. All newly admitted residents and residents in room confinement/isolation shall be placed on Close Watch ("B"). Residents on Close Watch ("B") are provided a restricted environment to reduce the opportunity for self-harm and harm to others. Close Watch ("B") will require the following:

1. Residents may participate in usual unit and school activities as they remain in staff sight. However, residents shall not attend classes in Building Trades, Auto Shop, or Culinary Arts.
2. Residents shall not leave the SYSC Campus except as authorized by a clinician in consultation with medical and administrative staff.
3. When in their rooms (whether the doors are locked or unlocked) residents shall be checked every 5 minutes.
4. When in their rooms they shall be permitted to have hazard-free reading materials.
5. When in their rooms they shall wear non-easily torn out clothing and will not, except as noted below, be allowed to wear underwear. When special clothing is not available, residents shall wear a top and bottom but no underwear. Female residents shall be provided with underwear during menses.
6. All potentially harmful items, including, but not limited to, sharps, staples, easily torn clothing, undergarments, sheets, furniture, bed frame (when possible), and utensils, shall be removed from the resident's room.
7. When using the bathroom, residents shall be visually observed every 5 minutes when using the bathroom and/or using the shower.
8. Staff assigned to provide supervision for a Close Watch ("B") shall document the watch every 15 minutes (5 minute checks are required, but those checks only need to be documented on the form every 15 minutes) on the Watch Log and to use the unit swipe card reader for each 5 minutes check. They shall monitor the resident during all transitions whenever the resident is in his or her room.
9. When the resident is out of their room and in the sight of residential staff the residential staff may document blocks of time instead of every 15 minutes. However, this does not in any way change the supervision requirements (i.e., resident use of the bathroom) of each Watch it only changes the documentation. It will only apply to the time that the resident on the Watch is within the sight of the residential staff. Anytime a residential staff assumes duties on a floor they shall have a clear understanding of what residents are on Watches and shall follow all supervision requirements. They will find this information on the Suicide Watch Log for each resident.
10. When the resident is out of their room attending school the residential staff may document blocks of time instead of every 15 minutes. However, this does not in any way change the supervision requirements (i.e., resident use of the bathroom) of each Watch it only changes the documentation. It will only apply to the time that the resident on the Watch is within the sight of a teacher and/or residential staff. Anytime a residential staff assumes school monitor duties they shall have a clear understanding of what residents are on Watches and shall follow all supervision requirements. They will find this information on the Daily School Notice.
11. Any other conditions approved by the appropriate authority.

- C. Precautionary Watch ("C") - Precautionary Watch ("C") is precautionary for closer-than-usual supervision of a resident who shows some increased risk of danger to self or others. A Precautionary Watch ("C") requires the following:
1. Staff shall be aware of the resident's location at all times. The resident shall be visually observed every 15 minutes 24 hours a day.
 2. There shall be no requirement to alter activities, personal items, utensils, or bedding.
 3. Staff assigned to provide supervision for a Precautionary Watch ("C") shall document the watch every 15 minutes on the Watch Log and by using the unit swipe card reader for each 15 minutes check. They shall monitor the resident during all transitions.
 4. When the resident is out of their room and in the sight of residential staff the residential staff may document blocks of time instead of every 15 minutes. However, this does not in any way change the supervision requirements (i.e., resident use of the bathroom) of each Watch it only changes the documentation. It will only apply to the time that the resident on the Watch is within the sight of the residential staff. Anytime a residential staff assumes duties on a floor they shall have a clear understanding of what residents are on Watches and shall follow all supervision requirements. They will find this information on the Suicide Watch Log for each resident.
 5. When the resident is out of their room attending school the residential staff may document blocks of time instead of every 15 minutes. However, this does not in any way change the supervision requirements (i.e., resident use of the bathroom) of each Watch it only changes the documentation. It will only apply to the time that the resident on the Watch is within the sight of a teacher and/or residential staff. Anytime a residential staff assumes school monitor duties they shall have a clear understanding of what residents are on Watches and shall follow all supervision requirements. They will find this information on the Daily School Notice.
- V. Suicide Precaution Approval: All Suicide Precaution Watches require approval from an appropriate authority. Appropriate authorities are the On-call Administrator, On-call Nurse or the On-call Clinician. However, when circumstances dictate, the On-duty Supervisor has the authority to approve a Suicide Precaution Watch on a temporary basis until an On-call Administrator, Nurse or Clinician is contacted.
- A. There are several pathways in which a resident can be placed on a Suicide Precaution Watch. Residents may be put on a Suicide Precaution Watch through the Psychiatrist, Clinician, School Psychologist, Administrator, and Supervisor. Whenever a Suicide Precaution Watch is approved the approving staff shall ensure that the information is communicated to the unit supervisor.
 - B. The unit supervisor shall ensure that the proper Suicide Precaution Watch is initiated.
 - C. Until all the Suicide Precaution Watch procedures are initiated the resident shall be treated as a constant Watch ("A").
- VI. Documentation: Any time a Suicide Precaution Watch is initiated the person initiating the Suicide Precaution Watch shall complete the following documentation.

- A. Initiate a Watch Report.
 - B. Immediately complete a SecureLog entry documenting the resident and Watch.
 - C. Complete an Incident Report.
 - D. Residential staff shall:
 - 1. Post the watch on the Unit White Board.
 - 2. Post the appropriate room tag on the resident's door.
 - 3. Initiate and maintain the Watch Log form accurately.
 - 4. Add the watch to the Unit Report for Daily School Attendance.
- VII. Staff Responsibility: All staff are responsible to remain current regarding Suicide Precaution Watches. All Suicide Precaution Watches shall be entered into the SecureLog by the staff initiating the Watch. Any time a staff member returns to duty they shall review the SecureLog and become familiar with all Suicide Precaution Watches.
- VIII. Clinical Responsibility: Watches shall be re-evaluated after 24 hours by a clinician. Every re-evaluation shall be noted in the Watch Report, Clinical Record and SecureLog. In the event of a change in the Watch after re-evaluation the clinician shall document the change in the following manner:
- A. Document the change(s) on the Watch Report.
 - B. Document the change(s) in the Clinical Record.
 - C. Complete the appropriate Incident Report entries.
 - D. Immediately notify Supervisor and residential unit staff.
 - 1. Supervisor shall enter the change(s) in the SecureLog.]
 - 2. Residential unit staff shall enter any change(s) on the Unit White Board.
- IX. Close Watch ("B") for All Admissions: Upon admission to SYSC, all residents are placed on a Close Watch ("B") for a minimum of the first 24 hours. New admissions shall be screened for suicidal risk by the nursing staff as part of their Nursing Health History and Assessment. If deemed necessary the newly admitted resident may be placed on a higher level of Suicide Precaution Watch. Initiation of the Suicide Precaution Watch shall be as follows:
- A. Supervisor and/or Admission shall initiate a Close Watch ("B") at admission.
 - B. Nurses shall conduct admission Watch assessments and shall be documented in the Nursing Health History and Assessment.
 - C. Supervisor and/or Admissions shall document all admission Watches in the SecureLog.

- D. Supervisor and/or Admissions shall document all admission Watches with an Incident Report.
 - E. Supervisor and/or Admissions shall initiate the Watch Report and Watch at School Log Sheet
 - F. Supervisor and/or Admissions shall initiate the Watch Log
 - G. Supervisor and/or Admissions shall notify the Medical Department and the receiving residential unit as soon as practicable.
 - H. Supervisor and/or Admission shall provide the Watch Report, the Watch Log to the receiving residential unit.
- X. Discharges, Visits, and Furloughs During Watches: When staff are faced with a resident who is preparing to be discharged, receive visitors and/or participate in a furlough while on a Watch will do the following:
- A. Residents on watches shall not be released, furloughed, or taken off-grounds unless such action is administratively approved or ordered by a court.
 - B. In the event that a resident on a Watch is released, furloughed, or taken off-grounds, residential unit staff shall indicate the watch level and the reason for the Watch on the Release of Custody form.
 - C. Prior to release a nurse shall review the Release of Custody form to ensure that Watches have been properly documented.
- XI. Inform Transport Personnel: In the event that a resident on a watch is released, furloughed, or taken off-grounds, staff shall inform the transporting personnel of the resident's watch status and the reason for the watch.
- XII. Intervention: All housing units shall contain an emergency first aid kit that includes a pocket mask, latex gloves and a rescue tool. All residential staff shall know the location of the emergency first aid kit and be trained in its use. Any staff member who discovers a resident attempting suicide shall immediately respond consistent with Red Cross training and in the following manner:
- A. Survey the scene to ensure the emergency is genuine.
 - B. Alert other staff to call for SYSC medical personnel and bring the emergency first aid kit to the location of the suicide attempt.
 - C. If the suicide is life threatening then Central Control personnel shall be instructed to notify outside emergency medical service (911). The exact nature (i.e., "hanging attempt") and location of the emergency shall be communicated to both SYSC and outside emergency medical service personnel.
 - D. The first responding staff shall use their professional discretion in regard to entering the cell without waiting for backup staff to arrive. With no exceptions, if room entry is not immediate, it shall occur no later than four (4) minutes from initial notification of the emergency. Residential staff shall **never** wait for medical personnel to arrive before entering a room or before initiating appropriate life-saving measures (i.e., first aid and CPR).

- E. Upon entering the room, staff shall ***never*** presume that the resident is dead, rather life-saving measures shall be initiated immediately. In hanging attempts, the resident shall first be released from the ligature (using the emergency rescue tool if necessary). Staff shall assume a neck/spinal cord injury and carefully place the resident on the floor. Should the resident lack vital signs, CPR shall be initiated immediately. All life-saving measures shall be continued by residential staff until relieved by medical personnel.
 - F. Supervisor shall ensure that arriving outside emergency medical services personnel have unimpeded access to the scene in order to provide prompt medical service to, and evacuation of, the resident.
 - G. Although the scene of the emergency shall be preserved as much as possible, the first priority shall always be to provide immediate life-saving measures to the resident. Scene preservation shall receive secondary priority.
 - H. The Health Authority shall ensure that all equipment utilized in the response to medical emergencies (i.e., oxygen tank, AED, etc.) is inspected and in proper working order on a daily basis.
 - I. All staff and residents involved in the incident will be offered critical incident stress debriefing.
 - J. Although not all suicide attempts require emergency medical intervention, all suicide attempts shall result in the inmate receiving immediate intervention and assessment by mental health staff.
- XIII. Reporting and Notification: The Supervisor or designees shall ensure that the Residential Bureau Chief is notified and the Residential Bureau Chief shall ensure that the Director is notified. The Director or designee shall ensure the following occurs:
- A. Following the incident, the resident's family shall be immediately notified, as well as appropriate outside authorities.
 - B. All staff that came into contact with the resident before the incident shall be required to submit a statement including their full knowledge of the resident and incident.
- XIV. Critical Incident Stress Debriefing: Critical Incident Stress De-briefing (CISD) provides affected staff and residents an opportunity to process their feelings about the incident, develop and understanding of critical stress symptoms, and seek ways of dealing with those symptoms. In the event of a serious suicide attempt (i.e., requiring medical treatment and/or hospitalization), or suicide, all affected staff and residents shall be offered CISD. For maximum effectiveness, the CISD process and other appropriate support services shall occur within 24 to 72 hours of the critical incident. The State of New Hampshire Employee Assistance Program (EAP) offers on-site de-briefing services. The Clinical Manager at the direction of the Director shall make the appropriate referral to EAP.
- XV. Mortality Review: Every completed suicide, as well as serious suicide attempts (i.e., requiring hospitalization), shall be examined by a multidisciplinary Mortality Review Team that includes representatives from both line and management level staff from residential, medical and clinical services. The Mortality Review Team shall comprise a critical inquiry of the following.
- A. Circumstances surrounding the incident.

- B. SYSC procedures relevant to the incident.
 - C. All relevant training received by involved staff.
 - D. Pertinent medical and clinical services/reports involving the resident.
 - E. Possible precipitating factors leading to the suicide.
 - F. Recommendations, if any, for changes in policy, training, physical plant, medical or clinical service, and operational procedures.
- XVI. Suicide Prevention and Intervention Program: This suicide prevention and intervention program will be reviewed and approved by the Medical Services Administrator on an annual basis.